



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

DD# F-6-8704-33

REGION VI SITE NUMBER (to be assigned by HQ)  
LAD981910623

**NOTE:** This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

**GENERAL INSTRUCTIONS:** Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Sutton Joint Account #1		B. STREET (or other identifier) 0.5 mi. North of LA Hwy 390 and 0.3 mi. West of Hwy 27	
C. CITY Hackberry	D. STATE LA	E. ZIP CODE 70645	F. COUNTY NAME Cameron
G. OWNER/OPERATOR (if known) 1. NAME Mrs. Francis Heirs Lacy c/o Miss Lennie Lacy 4217 Waterwood Dr., Lake Charles, LA 70605		2. TELEPHONE NUMBER (318)477-1278	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION

Site is a petroleum production and separation facility. One (1) well appears to be plugged, the other is connected to a pump.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Aerial photography and FIT windshield survey	K. DATE IDENTIFIED (mo., day, & yr.) 2-17-87
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L. PRINCIPAL STATE CONTACT 1. NAME Harold Etheridge LADEQ	2. TELEPHONE NUMBER (504)342-1204
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II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN		SUPERFUND FILE JUL 15 1992
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: 5/12/87 b. WILL BE PERFORMED BY: ICF-Techology FIT: Jeff Robinson & Steven Cowan <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: REORGANIZED <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)		

C. PREPARER INFORMATION 1. NAME Steven Cowan Steven Cowan ICF-FIT	2. TELEPHONE NUMBER (214)744-1641	3. DATE (mo., day, & yr.) 5-1-87
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III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify):	
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) 0.25	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 29°59'35"N 2. LONGITUDE (deg.-min.-sec.) 93°22'15"W
E. ARE THERE BUILDINGS ON THE SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	

90069322



## CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X' A. TRANSPORTER	X' B. STORER	X' C. TREATER	X' D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	X 4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

There is one (1) storage tank located at the facility and the diking around the tank seems insufficient as evidenced by the oily residue and white residue on the ground. Because there is evidence of off-site migration an environmental sample should be taken during the site reconnaissance inspection.

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☐ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☒ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

No

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT Unknown	AMOUNT Unknown	AMOUNT None	AMOUNT None	AMOUNT None	AMOUNT None
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X' (1) PAINT, PIGMENTS	X' (1) OILY WASTES	X' (1) HALOGENATED SOLVENTS	X' (1) ACIDS	X' (1) FLYASH	X' (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
X (5) OTHER (specify): Oily sludge			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

recycled paper

ecology and environment

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Crude Oil  
Saltwater

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER	X			Because the tank lies next to a drainage ditch, a spill or leak could cause contamination.
9. DAMAGE TO FLORA/FAUNA		X	2/17/87 to present	There is distressed and dead vegetation on the site.
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			There is a black, oily residue covering the ground around the tank.
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS	X			The diking appears to be inadequate around the storage tank.
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☒ 10. OTHER (specify): Unknown

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☒ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

Unknown

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Unknown			

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Unknown			

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.